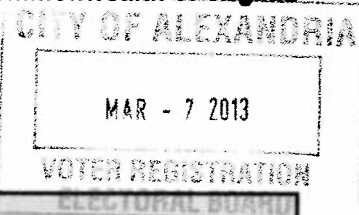




Statement of Organization CANDIDATE COMMITTEE



*Please read instructions before completing this form.

Type of Statement							
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>			Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID						
Committee Information							
Committee Information	ENGLE For Delegate						
	Name of Candidate Campaign Committee						
	P.O. Box 2861						
	Street Address/PO Box	Suite #					
	Alexandria	VA	22301				
	City	State	Zip Code				
engle4Delegate@outlook.com	(703) 801-4142						
Email Address	Daytime Phone #						
englefordelegate.org							
Campaign Website							
Candidate Information							
Candidate Information	Mr.	ENGLE	JEFFREY	Jamison			
	Salutation	Last Name	First Name	Middle Name			
	3813 Courtland Circle						
	Residence Address		Apt #				
	Alexandria	VA	22305				
	City	State	Zip Code				
	Alexandria city	509544075					
	County or City of Residence	Voter Identification #					
JE2018@gmail.com	(910) 584-7828						
Email Address	Daytime Phone #						
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.							
Election Information							
Election Information	House of Delegates		45 th District				
	Office Sought		District (if one)				
	Independent	2013	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				
	Political Party	Year of Election	Type of Election				




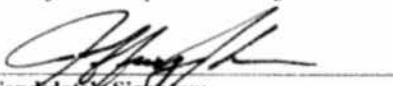

Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
Treasurer Information	<u>Mr.</u>	<u>Engle</u>	<u>Jeffrey</u>	<u>Jamison</u>
	Salutation	Last Name	First Name	Middle Name
	<u>3813 Courtland Circle</u>			
	Residence Address		Apt #	
	<u>Alexandria</u>		<u>VA</u>	<u>22305</u>
	City	State	Zip Code	
	<u>Alexandria City</u>		<u>509544075</u>	
County or City of Residence		Voter Identification #		
<u>JJE2018@gmail.com</u>		<u>(910)584-7828</u>		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
<u>Virginia Commerce Bank</u>				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
<u>Alexandria</u> <u>VA</u>				
City	State	City	State	
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		<u>02/25/2013</u>	
	Date first expenditure made:		<u>02/25/2013</u>	
	Date campaign depository designated:		<u>02/25/2013</u>	
	Date filing fee paid for party nomination:		<u>N/A</u>	
	Date Statement of Qualification filed:		<u>N/A</u>	
	Date treasurer appointed:		<u>N/A</u>	

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) _____</p> <p><input type="checkbox"/> File paper reports.</p> <p>Signature  Date <u>03/05/2013</u></p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p>Candidate's Signature  Date <u>03/05/2013</u></p>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p>Treasurer's Signature  Date <u>03/05/2013</u></p>